Cholera Questions Bank

Qualitative questions for responders

March 2023

Collective service

Public

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GUIDANCE

Introduction

This resource provides a set of key questions for responders and social scientists to use when collecting data in the context of a cholera outbreak. It also provides guidance on how to approach gaining a better contextual understanding including relevant socio-behavioural factors influencing community's capacities, perceptions, knowledge and practices in relation to cholera control and preparedness.

Using this resource will support responders and social scientists to identify critical areas for primary data collection either using rapid assessments, household level and community level surveys or more in-depth research. These questions are also complemented by two additional data collection tools: 1) Qualitative and 2) Quantitative questions for community level data collection. All questions can be accessed **here**.

This resource is intended to support operational social science research to be used in cholera preparedness and response activities undertaken by:

- Social scientists and operational actors designing and implementing operational social science research.
- Field-level staff: implementation staff of local and international NGOs, local national public health authority staff, national MOH staff.

Methods

Various methods can be used for a rapid appraisal of socio-behavioural factors affecting people's capacity, knowledge, perceptions, and practices in relation to cholera control and preparedness. These include:

- Desk review of relevant academic and grey literature, assessment data and programme documents.
- Key informant interviews with relevant local social scientists and aid or development agencies to provide up-to-date information about current or planned response and/or preparedness activities, epidemiological data, coordination of the response, community engagement initiatives and socio-behavioural insights including best practices and challenges.
- Stakeholder interviews with representatives from local authorities (health, water, sanitation, communication etc.) to gain an understanding of contextual factors, response mechanisms and capacity.

Following data collection, partners will need to develop a plan to use the evidence gained to feed into policy, programming and implementation of preparedness and response activities.

Question modules

The resource comprises seven modules of questions that can be asked to provide insight into local social, behavioural and community dynamics that are relevant to inform the design and delivery of cholera control and preparedness strategies.

- Module 1 - Communication and Information
- Module 2 - Healthcare and Health-Seeking
- Module 3 - Disease Risks, Knowledge, Perceptions, Practices and Vulnerabilities
- Module 4 - Prevention: Vaccination, Safe and Dignified Burials and WASH
- Module 5 - Community Engagement and Dynamics
- Module 6 - Response
- Module 7 - Social Environment

This information can, for example, illustrate how political and socio-economic as well as structural factors shape people's vulnerability to cholera. It can also provide a better understanding of relevant socio-cultural norms and religious beliefs that influence timely referral to formal treatment-seeking. It will help responders to know about trusted influencers at the local level and how best to engage with the local population to rapidly contain the spread of cholera.

The questions have been developed by the Collective Service team in collaboration with the Social Science in Humanitarian Action Platform (SSHAP). The questions draw on existing data collection resources used at country, regional and global level. These questions have been further adapted and/or developed by Eva Niederberger (Anthrologica/SSHAP: evaniederberger@anthrologica.com) and Ginger Johnson (UNICEF/Collective Service: gijohnson@unicef.org).

Module 1 - Communication and Information

- Which languages are spoken among the local population? Is the language communicated in a written and verbal format?
- Which language do different social groups best comprehend and prefer? How does this vary according to other dimensions, such as gender and age? (Note: the assessment will need to separate between languages used in formal spaces, ethnic languages, maternal tongue, language of instruction, etc.).
- Are there political sensibilities around language?
- What languages do the field teams speak?
- What are the literacy levels among the local population?
- What kind of communication channels and digital platforms are available and the local population? [Specify different age and gender groups, differences among urban and rural population groups, marginalised population groups]
- Who owns and has access mobile phones?
- What communication channels and digital platforms are preferred by the local population? [Format and channel]
- Who does the population consider a trustworthy source of health-related information? Why?
- Which communication approaches have worked well in the past?
- What communication skills do health care providers, vaccinators and community groups have and which ones need strengthening? In which areas? [Determine the institutional capacity and capacity gaps in undertaking communication activities and media relations – of your team, government implementers, and NGO/CSO/CBO partners, including members of the coordinating group].

Module 2 - Healthcare and Health-seeking

Broader health context and background

- Are there other public health emergencies currently occurring?
- Is cholera endemic in the country? Is it endemic in the given area? When was the last cholera outbreak?

Concepts, understanding and explanations of disease

- How is health understood? E.g., How do people speak of and explain wellbeing and disease?
- What are the common explanations for causes of disease?
- What are the local terms used for symptoms and groups of symptoms associated with cholera? And disease in general? By which different population groups?
- What are the causes attributed to these different symptoms? (Note that different symptoms associated with cholera may elicit different causal explanations (*e.g., neurological signs may be more likely to bring explanations of spirit possession than gastrointestinal symptoms). These causes may vary depending on the symptoms and the specific circumstances of their emergence (e.g., natural/material, mental/psychological, spiritual, or externally caused due to jealousy, witchcraft, spirits, ancestors, breaches of rules,* etc.).

Alternative narrative of epidemic and vulnerabilities

- Do some of the explanations include suspicions that cholera is not real? Or that cholera has been created and/or inoculated into the affected populations? If so, how does that map with the political histories of the affected populations?
- Are there people or populations who can be negatively affected by ideas of what causes cholera and who carries cholera? Are people or groups being, or can we predict that people or groups will be, scapegoated or accused of transmitting the disease? How? Why?
- Have biomedical and alternative causal explanations of cholera shifted in time throughout the outbreak? If so, why?
- Is there a discrepancy between the concepts and terms used in epidemic response communication and those used by different populations? Is there a difference in the connotations of urgency/relevance depending on the use of terms?
- How do different healthcare providers (biomedical and alternative) frame cholera in their diagnosis and treatment?

Building on local practices of epidemic response

- Are there specific understandings of epidemic diseases and mortality that could inform the current response? (*Probe on past experiences in terms of epidemics, conflicts, and fears*.)
- Are there previous histories and experiences with situations of high mortality and response strategies (e.g., social isolation, quarantining, changes in care of the sick or burial practices)? How do they shape current perceptions?

Healthcare behaviour [cholera]

- When someone falls ill with cholera, who is responsible for them? E.g., Within the household/family, who decides if it is necessary to seek treatment and which healthcare provider to approach?
- If treatment requires transport, money, medicines or contact with doctors, who provides for these? What is the role of the extended family, in-laws, and the community in arranging these?
- Who cares for the sick (according to age, gender, or kinship role, e.g., mothers, mother-in-law, sister)?
- Who decides if the person needs to be taken to a hospital or treatment unit?
- What is the physical access, affordability, and quality of biomedical services? What does the biomedical health system look like and how is it decentralised/organised (e.g., including community health workers)?

Alternative healthcare provision

- In the affected area, what is the relative importance of alternative health-care providers (e.g., home care, herbalists, traditional healing, faith healing, drug vendors, pharmacists, private health-care providers, etc.)?
- What ailments do alternative health-care providers treat? What diagnostic techniques do they normally rely on? What treatments do they generally offer for cholera related symptoms?
- Are alternative health-care providers in this context organised into professional associations (e.g., associations of traditional healers)?
- Are there differences between social groups (according to urban/rural, income, ethnicity, gender, etc.) and their reliance on these different providers?

Health-seeking pathways

- Which health-care providers are sought for what ailments or symptomatologies?
- Do people seek advice simultaneously or in succession from different healthcare providers? What are the typical health-seeking pathways? Are there specific pathways that people follow for cholera?
- What is the typical geographical movement of people in each of these health-seeking pathways (e.g., do people sometimes across international boundaries to seek care)?
- How is failure to find a cure interpreted? Does this change the understandings of the cause of the ailment?
- How does successful treatment shape people's views of the effectiveness of a healthcare provider?
- Are particular groups of people (e.g., ethnic groups, minorities, etc.) discriminated against in the provision of healthcare?
- How, when and where do people in the community seek care for cholera? What are the potential barriers (e.g., cultural and religious) to seeking timely cholera care?
- What are the solutions to overcoming the barriers (e.g., cultural and religious) to seeking timely cholera care?

Access to and capacity of local health system

- What health services and health providers are available and accessible (e.g., government staff, informal healers, pharmacies)? What barriers (e.g., distance, cost, language) exist for accessing these services or providers?
- Are local health-care systems able to provide care and treatment for people with cholera? How?

Module 3 - Disease Risks, Knowledge, Perceptions, Practices and Vulnerabilities

Disease - Risk factors

Individual cholera risk factors

- What individual behaviours increase the risk of adverse cholera consequences? What is the extent and frequency of risk?
- What are individual levels of knowledge and their perceptions of the risks associated with cholera transmission?
- Which factors influence the continued practice of risk behaviours among the local population? (E.g., knowledge, values, beliefs)
- What support do communities need to reduce and/or prevent cholera associated risks associated to cholera risks be avoided or reduced?

Community cholera risk factors

- How do social norms (informal rules that govern behaviour in groups and societies) and practices influence risk behaviour?
- What aspects (e.g., gender, age, and age dynamics) of the role of men, women, and children (in a household, in society) affect the risks and consequences of cholera?
- How do social settings influence risk behaviour?
- Do some population groups have higher levels of risk behaviour? Why?

Structural cholera risk factors

- What impact might current local and national policies have on the perceptions of risk and behaviour of affected populations?
- What impact does the social environment have on community risk behaviour? And similarly, on the economic and legal environment? *(Effective and sustainable risk reduction interventions often require changes at all three levels of analysis - individual, community, and structural).*

Disease – Knowledge, practices and behaviours

- Does the local population know about cholera? What do they know?
- How does the local population speak about the signs and symptoms of cholera?
- How do they explain the causes of cholera?
- What do different types of people know about how cholera is transmitted?
- What do different types of people do to prevent cholera in their homes / in their communities?
- What do different types of people do when they fall sick with cholera?
- Is ORS available and used by the local population? What do they use instead? Who in the household prepares ORS and/or Sugar Salt Solution (SSS)?

Disease – Risk perceptions

- What views are held about cholera by different sub-groups of the local population (e.g., government officials, religious leaders)?
- To what extent do people feel at risk of cholera infection? Has this perception of risk changed doing the current outbreak?

Disease - Vulnerabilities

- Are there particular population and/or social groups who are vulnerable to cholera? Who are the most at-risk groups (e.g., indigenous, and marginalised people, religious minorities, hunters, the elderly, age groups and genders, people with specific needs etc.)?

- Are there any racial, religious, ethnic, or other divisions in society that have an impact on cholera transmission and/or control?
- Are any particular social roles and economic factors disproportionally affected by cholera? How does gender and age shape this?

Module 4 - Prevention: Vaccination, Safe and Dignified Burials and WASH

Prevention - Protective measures: Vaccination

- What is the routine immunisation coverage among adults and children?
- What is the learning from previous vaccination campaigns / roll-out which should be considered in the design and delivery of the Oral Cholera Vaccine (OCV) roll-out?
- What was the uptake of the COVID-19 vaccine at national and sub-national level (especially in cholera affected areas)? Have there been any gender, age, socio-economic and socio-cultural differences in terms of the COVID-19 vaccine acceptance and uptake? How have these differences been addressed?
- Has OCV been administered in the past? Particularly in the affected areas? By whom was it administered? What worked well and what didn't work well?
- How many doses of OCV are currently available in country? Which strategy will be adopted (single-dose or two-dose strategy)? Who will receive OCV? How is the decision made?
- Who will administer OCV? How will it be administered (e.g.: mobile vaccination teams, door-to-door, vaccination centres etc.)? How easily can vulnerable people access the vaccine?
- Do you anticipate any challenges in terms of the vaccine delivery? Are there any beliefs, rumours and/or misconceptions about OCV circulating among the local population?
- To which extent are local communities involved in the design and delivery of the OCV strategy? Who from the local community is involved?

Prevention - Protective measures: Safe burials

Meanings of death and the afterlife

- What happens after people die? What does the afterlife look like? What is the relationship between the dead and the living? How does this differ across different population groups (ethnicity, religion, etc.)?

Post-death practices, including preparing the body

- Who should be informed when a person dies (e.g., family members, religious/community leaders)?
- How long is it customary for people to wait between death and the burial/funeral?
- How is the body prepared for burial/cremation (e.g., washing, clothing, closure of eyes and mouth)? How does this vary according to area/religion/gender/ethnic group, etc.?
- What is the meaning behind body preparation and the different practices?
- Who is involved in preparing the body (position in the family, gender, age, professionals)?
- What elements of the preparation of the body (if any) contribute to increasing cholera transmission risk? How does this vary according to area/religion/gender/ethnic group, etc.?
- What are the social-cultural consequences if the body is not prepared appropriately? Are there other rituals that can be used to compensate for deviations in the customary way of preparing the body?
- Is there a period of time in which the body is honoured (e.g., a wake) before burial/cremation? How long is it? Where is it conducted? Who participates in it?

Burial and cremation

- How are bodies put to rest (cremation/burial/other)? Where are bodies supposed to be buried/cremated (e.g., hometown of their kin, particular natural sites such as the forest etc.)? Who can access these burial/cremation sites?
- Who is responsible for physically transporting and burying the bodies? How is the body usually transported (e.g., ambulance, stretchers, motorcycle)?
- When dealing with high mortality: Is there space in cemeteries? How are decisions made over expansions of burial sites? Are people adequately informed of any official procedures for the removal of bodies, and timing and procedures for burial/cremation?
- If the person has died in hospital or in a treatment unit, are the family adequately informed? Can the family adequately engage with the body? Is the burial site agreed upon by the mourning family? What is the degree of participation of communities in these processes?

Internment/cremation and rites

- What are the rites or ceremonies that follow a person's death?
- Who is responsible for organising each of these steps?
- Who attends the different events (e.g., close family, extended family, community)? How does attendance vary depending on the status of the deceased? How does this vary according to religion/gender/ethnic group, etc.?
- How do these practices vary depending on the status/religion/gender/ethnic group, etc. of the deceased?
- What elements of the processes described are risky in terms of the transmission of cholera? (e.g., related to persistence of the pathogen and the potential ways of transmission)
- What are the socio-cultural and economic consequences of not following conventional practices? (e.g., the deceased not moving to the afterlife, a curse from ancestors, allocation of inheritance).

Ceremonies and rituals

- Are there other mourning rituals or death related gatherings that represent a congregation of people commemorating a death? Do they represent risk of contagion?
- Is there a risk attached to the catering of food and drink during rites and ceremonies?
- Are there exceptional circumstances in place that mean that people are not being buried according to custom (e.g., suicide, armed conflict)? How does this affect the transmission of cholera?

Alternative practices and adaptations

- Are there situations that allow for the suspension or alteration of the normal burial practices? Have there been high mortalities and requirements of changes in burials in the past, e.g., during conflict?
- Are there local cultural understandings of epidemic disease and mortality? Are there previous experiences of shifting practices accordingly (e.g., using gloves, disinfectants)? Are there culturally acceptable ways of changing only those practices that are high risk of transmission?
- Who makes the decision about how a burial can be adjusted? Who would need to be involved in these discussions? What should the process be? (Note: alternative practices should be made in agreement with communities and the mourning families).
- Has an outbreak of cholera ever required the deployment of burial teams? How are these perceived by different segments of the population? How do they engage with families and communities when a death occurs? How could these burial teams be more trusted (e.g., composed of local inhabitants)?
- How do people react to the use of body bags? If negative, can body bags be adapted?

Prevention - Protective Measures: WASH

Access to water and sanitation infrastructure and services

- Do people have access to improved water sources? What type of sources?
- Who provides water to the local population (e.g., private, and public water supply)?
- Who faces particular issues in accessing safe water and why? Are there any protection risks related to water access (e.g., collecting water)?
- Which water source do people most commonly use for drinking?
- Do people pay for drinking water? How much? Who owns and sells the water? Have water prices changed in the past year / since the outbreak has been declared?
- Do people treat their water? Which water treatment options are mostly used? Do people purchase water purification products?
- What do people think about water chlorination? Are there any rumours or misconceptions circulating in relation to water treatment?
- What is the coverage of sanitation facilities (toilets / latrines) in the given area? What type of sanitation facilities do people use? Who owns and uses latrines and who doesn't?
- What are the barriers for people to own and/or construct a latrine? What motivates to have a latrine?

- What do people know about hand washing (key moments)? What do people use for washing their hands? Where do they wash their hands? Do they face any barriers to wash their hands? What motivates people to wash their hands?
- Are handwashing facilities available in markets / public gathering spaces? Are sanitation facilities available at local markets / public gathering spaces?
- How is solid waste disposed at community level (difference between urban and rural areas)?

WASH and social disparities

- What are the disparities in the provision of safe water, sanitation, and hygiene (WASH) services across different social groups and geographical locations? How do these disparities overlap with conflict/trust in the national government and the response?
- Are people's movement patterns (e.g., internally displaced people in conflict contexts) driving people towards areas with inadequate water and sanitation provision?
- What are the different WASH needs for different social and occupational groups (e.g. gender, age, religion, etc.)?

Module 5: Community Engagement and Dynamics

Community structures and dynamics

- Are there relevant civil society organisations or social movements in the affected areas that could be mobilised and involved in the design and delivery of the cholera response? Professional associations? Women's, youth, or student groups?
- Who are the trusted individuals in the different communities*? (Note that official leaders may not be representative and leadership itself might be contested.)*
- What are the relevant social community networks and groups that exist at community-level? Are they interested in being actively / formally involved in cholera control and preparedness? How do they want to be involved?
- What are the youth organisations in the area that could be engaged?
- In what ways are social roles gendered (e.g., through religion, culture, influencing participation in society/livelihoods/child, ill and elderly care provision)? How can this be expected to influence the response?
- What is the potential role of respected women (e.g., midwives, nurses, religious women, etc.) to mobilise and engage with the wider community – especially women and girls?
- What is the role of the diaspora networks in supporting their families back home in addressing the socio-economic impact of disease outbreaks?
- Are there social support systems (e.g., family, friends, village committees) able to help people with cholera?
- How influential are religious groups? What are their views on cholera? Other local influential groups? Are there any racial, religious, ethnic, language, or other divisions that help or hinder the development of interventions?

Community Health Workers

- What is the coverage of Community Health Workers / Community Based Volunteers in this area?
- Have they been trained on cholera prevention and management? When?
- Have they been trained on community engagement methods and interactive communication approaches? When?
- What support do they receive? Do they have scope to take on additional cholera activities as well as their routine tasks?
- What barriers do they face?
- What are lessons learned and best practices from past epidemic outbreaks to motivate and retain community health workers / community-based volunteers?

Community-led actions

- What are the community's solution to the outbreak?
- What actions does the community implement to prevent / reduce the spread of cholera? Who is mobilising the community for these actions? Who made the decision at community level?? Who at the community level is involved in the implementation?
- Are community action-plans in place? Are these plans localised? How are they monitored? By whom?
- Does the community implement active case-finding and/or community-based disease surveillance?

External support

- What support do communities need to strengthen their initiatives / actions and/or improve the solutions they've already found?
- What support do they currently receive? (e.g. transportation, incentives, training etc.)
- Who should be involved in the response according to affected communities? Who is deemed trustworthy?

Module 6: Response

National policies and response approaches

- Does a national cholera response / preparedness plan exist?
- What is the effect of any laws/policies/ (e.g., Open Defecation Strategy) regarding cholera control? How are they implemented?
- What is the effect of response approaches such as Case Area Targeted Interventions?

Response - Coordination

- Has the pillar system been activated (at national and sub-national level)? How does it work?
- Who are the main actors supporting the government in the cholera preparedness and response?
- Is there a cholera response and preparedness plan? Were previous lessons learned integrated in this plan? How is the plan implemented at the national and subnational level? What are the challenges?
- What are the main challenges to ensure a rapid scale up of the cholera response? How can these challenges be addressed?
- Who is coordinating the RCCE pillar?
- Is there a link between the cholera response pillar and the CEA/AAP working group? How does it work (is there a regular communication between both, coordination on the strategy design etc)? Are there local representatives in the pillar?
- Is there any preparedness ongoing in districts at risk but not yet affected? How are communities involved in this?
- Are there any challenges in terms of the coordination? If yes, which one and how could they be addressed?
- What are innovative models for promoting multisectoral collaboration for cholera prevention and control?

Response - Interventions

Social and behaviour change

- What is the effectiveness of different communication platforms for behaviour change programs and risk communication on cholera prevention and control programmes?
- What is the effectiveness of different behaviour change theories and methods used in cholera prevention and control programmes?
- What are the indicators to measure the impact of programs promoting behaviour change?
- What are the optimal strategies to empower mothers and/or women to adopt preventative strategies and seek appropriate care for cholera?
- What are the optimal strategies, including behaviour change strategies, for delivering interventions related to safe burial practices and funeral hygiene?
- How can different age and gender groups get motivated to adopt preventive strategies and seek appropriate care for cholera?

WASH

- What are effective strategies to scale up the use of household water treatment in controlling cholera outbreaks?
- What are the factors, practices and behaviours that influence the uptake of critical hygiene practices and WASH behaviours for preventing and controlling cholera?
- What is the effectiveness of different approaches and delivery mechanisms to improve the uptake of hygiene promotion activities?

Cholera interventions

- What is the required coverage and uptake for each of the cholera interventions (including water, sanitation and hygiene, oral cholera vaccine, case management, and community engagement) needed to reduce transmission?
- What are the potential strategies to optimize cholera prevention and control interventions in hard-to-reach populations, including during humanitarian emergencies and areas of insecurity? (Examples can include: innovative contingency vaccination strategies, use of community-based teams to maintain front-line worker safety, engaging law enforcement agencies and military, etc.)?
- What is the economic impact of cholera (during and after an outbreak) and the return on investments and budgetary impact of the various cholera interventions?
- Is there stigma attached at individual level to cholera and the use of cholera interventions and does the stigma influence the disease reporting or uptake of interventions?

Community Outbreak Response Teams and Case Area Targeted Interventions

- What is the incremental benefit of implementing a comprehensive interventions package (including water, sanitation and hygiene, antibiotics, oral cholera vaccine, oral rehydration therapy) to reduce cholera mortality during an epidemic?
- What is the role and added value of CORTs (community outbreak response teams) in enhancing case investigation and outbreak detection?
- What is the impact and cost-effectiveness of the different interventions in case-area targeted interventions (CATI) and how can the impact be optimized?
- What is the relative and combined impact of different approaches (e.g., case-area targeted interventions (CATI), cluster-based approaches, hospital-based interventions, etc.) on cholera transmission and mortality at different stages of a cholera outbreak or in different contexts (e.g. during floods, in insecure areas or hard-to-reach populations)?

Research and Evidence

- Where is socio-behavioural data in relation to the outbreak collected? Who is collecting the data?
- What socio-behavioural data is already available (previous, recent Knowledge, Attitude and Practice studies, rapid operational assessments etc.)?
- How is outbreak information being shared between response pillars and stakeholders? Can epidemiological data easily be accessed?
- Is real-time data available? E.g., epidemiological and community feedback data,
- Is data disaggregated by sex-age and gender?
- Is data collected for vulnerable groups (including Internally Displaced People, People and/or Children with disabilities, widows, ethnic minorities etc.) and those high at risk?
- Is there local capacity for research and evaluation on cholera?
- Do you know of any procedures which negatively impact on timely information sharing among response actors?

Security

- Has the security situation changed since the beginning of the outbreak? How? Why?
- Since the beginning of the outbreak, has any security incident happened? What type of incident happened? Who was involved?
- Since the beginning of the outbreak have there been any reports of health workers feeling threatened in their work? Why?

Module 7: Social Environment

Social environment: People, language, and socio-cultural and political dynamics

Population and ethnicity

- What are the different ethnolinguistic groups in the affected area? What are their histories? How do they relate to their identity as citizens of the nation states that they inhabit?
- Are there regional differences vis-à-vis the central government? Is the central government (in its role of overseeing the humanitarian response) dominated by a particular social or ethnic group? If so, is it different from the groups predominant in the affected areas?
- Are there any particular groups that could be scapegoated or stigmatised in the context of the emergency? For example, could the emergency response exacerbate existing discrimination of a particular ethnic or social group?
- How would first responders from other regions or countries be accepted by affected communities? Are there incidents that could negatively or positively influence acceptance of 'outsiders' in the response (e.g., armed conflict, historical grievances, etc.)?

Political context and social movements

- What is (briefly) the political history of the country? Colonial and postcolonial histories? What is the genealogy of dominant political and armed parties? Are there linkages of these parties with previous or existing conflicts or independence movements?
- What are the main politically affiliated parties at a local, national, and regional level? How do they mirror ethnic, economic, or social divisions?
- What recent social movements/protests have taken place in the area or country as a whole?
- What features of the political environment (e.g., rapid political change, censorship, distrust and misinformation) might contribute to the spread of cholera?

Social organisation and administrative structure

- What are the common forms of social organisation in the area (e.g., kinship (clans, extended families), professions, property, inheritance)?
- What kind of leadership structures are relevant?
- What is the role of public administration at a local level? Is there customary or non-formal leadership – what shape does it have? Are there differences between rural and urban areas? If relevant, how do customary and civil authorities relate to each other? Are there any tensions, and if so, why?

Religion and dominant beliefs

- What are the main religions/ cultural beliefs, both nationally and in the affected areas?
- What is the relationship of the different religions with the government and the international community?
- Are there dominant religions aligned with political elites? Have religious groups engaged in the provision of aid or development projects?
- What has been the role of religious leaders in disseminating (or countering) public health messages?
- What has been their interpretation of, and reaction to, the epidemic outbreak? Are there roles that are gender- or age-specific?

Social environment: Economics, livelihoods, movement, and geographical factors

Livelihoods and economic relations

- What are the main livelihoods of different social groups? How can livelihood realities influence the response and the spread of disease?
- Do particular economic relations mirror other dimensions (ethnic, religion, etc.)?
- Do livelihood priorities generate conflict between social groups? Where does the central state/ government stand vis-à-vis these livelihood conflicts?
- How do economic factors (e.g., mobility, inequality, crowding) influence the spread of cholera?

Movement and migration patterns

- What are the main movement and migration patterns that may impact the spread of the disease and the effectiveness of the response?
- What are the different types of movement of people (seasonal/permanent, cultural, economic, conflict-related, tourism, etc.)?
- How do these people movements vary between different nationalities/ethnic/ social groups?
- Do people move across borders? Why? When? How? For example, is it due to family life, economic reasons, conflict, for service provision? Which constraints/ requirements exist (permits/visas, border controls, etc.)?
- How do these movements of people affect vulnerability to cholera transmission?

Access to affected areas

- Are the affected areas accessible?
- What features of the infrastructure have the potential to be important in the response (e.g. communication routes, quality of roads, electrification, telephone networks – fixed and mobile, etc.)?
- Is there any support provided by the cholera response coordination (logistics)?

Geographical factors

- In what way can the geography of the affected subregion (agroecological regions, main rivers, lakes) and planting seasons affect the spread of cholera, or the effectiveness of response mechanisms?